

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**HOMRICH FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BURNS, MARY, , DR.,**

Mailing Address 21 FERRY LANDING LANE  
#1212

City  
ATLANTA

State  
GA

Zip Code  
30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2019

Transaction ID : A23C74212F62147CA8A1

Amount of Each Receipt this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JACKSON, RICHARD, , MR.,**

Mailing Address 2655 NORTHWINDS PARKWAY

City  
ALPHARETTA

State  
GA

Zip Code  
30009-2280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON HEALTHCARE

Occupation  
CEO/COB

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼ PRIMARY RUNOFF

Election Cycle-to-Date ▼

8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2019

Transaction ID : AFAA59B4007864B849C7

Amount of Each Receipt this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JACKSON, RICHARD, , MR.,**

Mailing Address 2655 NORTHWINDS PARKWAY

City  
ALPHARETTA

State  
GA

Zip Code  
30009-2280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON HEALTHCARE

Occupation  
CEO/COB

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 26 2019

Transaction ID : AF4ABF729881B4927858

Amount of Each Receipt this Period

2800.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8400.00